

DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)	Attorney Docket Number	20276P
	First Named Inventor	LOWE, ET AL.
	COMPLETE IF KNOWN	
	Application Number	09/762,794
	Filing Date	February 9, 2001
	Group Art Unit	1636
	Examiner Name	Guzo

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PROTEIN DELIVERY SYSTEM USING HUMAN PAPILLOMAVIRUS VIRUS-LIKE PARTICLES

(Title of the Invention)

the specification of which

☒ bears the Attorney Docket Number and Title of the Invention noted above

OR

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 08/10/1999 as United States Application Number or PCT International

Application Number PCT/US99/17931 and was amended on (MM/DD/YYYY) (if applicable).

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Attorney Docket Number	Priority Claimed?	
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ALYSIA A. FINNEGAN	48,878		

Direct all correspondence to: ☒ Customer Number **000210**

Name	ALYSIA A. FINNEGAN				
Address	Merck & Co., Inc. - Patent Department				
Address	P.O. Box 2000, RY60-30				
City	Rahway	State	NJ	ZIP	07065-0907
Country	USA	Telephone	(732)594-3046	Fax	(732)594-4720

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Name of Sole or First Inventor:						<input type="checkbox"/> A petition has been filed for this unsigned inventor
Given Name (first and middle [if any])			Family Name or Surname			
ROBERT S.			LOWE			
Inventor's Signature	<i>Robert S. Lowe</i>			Date	04 May 2005	
Residence: City	NORTH WALES	State	PA	Country	US	
Citizenship		US				
Mailing Address	Merck Research Laboratories, Sumneytown Pike, P.O. Box 4					
City	West Point	State	PA	ZIP	19486	
Country		U.S.A.				

☒ Additional inventors are being named on the 2 supplemental Additional Inventors(s) sheet(s) PTO/SB/02A attached hereto.

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ADDITIONAL INVENTOR(S) Supplemental Sheet

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
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KATHRIN U.				JANSEN			
Inventor's Signature						Date	
Residence: City	DOYLESTOWN	State	PA	Country	US	Citizenship	DE
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JOSEPH G.				JOYCE			
Inventor's Signature	<i>Joseph G. Joyce</i>					Date	04 May 2005
Residence: City	LANSDALE	State	PA	Country	US	Citizenship	US
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Given Name (first and middle [if any])				Family Name or Surname			
WILLIAM L.				MCCLEMENTS			
Inventor's Signature	<i>William L. McClements</i>					Date	03 May 2005
Residence: City	DOYLESTOWN	State	PA	Country	US	Citizenship	US
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JAMES C. III				COOK			
Inventor's Signature	<i>James C. Cook</i>					Date	05 May 2005
Residence: City	LANSDALE	State	PA	Country	US	Citizenship	US
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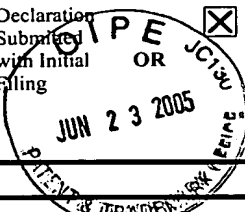
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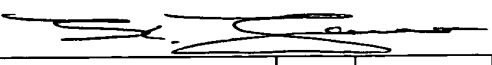
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Inventor's Signature						Date	02 May 2005
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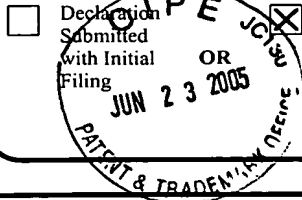
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Approved for use through 07/31/2006. OMB 0651-0032
 SUBSTITUTE for PTO/SB02A (08-03), Declaration (Additional Inventors)

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Inventor's Signature	<i>Jessica C. Ling</i>			Date	21 June 2005		
Residence: City	BENSALEM	State	PA	Country	PA	Citizenship	US
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Mailing Address							
City	Rahway	State		ZIP	07065-0907	Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Mailing Address							
City	Rahway	State	NJ	ZIP	07065-0907	Country	

(Page 4 of 4)

**DECLARATION AND
POWER OF ATTORNEY
FOR UTILITY OR DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	20276P
First Named Inventor	LOWE, ET AL.
COMPLETE IF KNOWN	
Application Number	09/762,794
Filing Date	February 9, 2001
Group Art Unit	1636
Examiner Name	Guzo

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PROTEIN DELIVERY SYSTEM USING HUMAN PAPILLOMAVIRUS VIRUS-LIKE PARTICLES

(Title of the Invention)

the specification of which

☒ bears the Attorney Docket Number and Title of the Invention noted above

OR

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 08/10/1999 as United States Application Number or PCT International

Application Number PCT/US99/17931 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose to the Patent and Trademark Office all information known to me to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent or inventor's certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Attorney Docket Number	Priority Claimed?	
				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Attorney Docket Number
60/096,638	08/14/1998	20276PV

DECLARATION AND POWER OF ATTORNEY for Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information known to me to be material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Application Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint, respectively and individually, as my attorney(s) or agent(s) with full power of substitution and revocation, the following registered practitioner(s) to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith:

☒ Practitioners Associated with the Customer Number **000210**
 OR
☐ Registered practitioner(s) named below

Name	Registration Number	Name	Registration Number
JOANNE M. GIESSER	32,838	JACK L. TRIBBLE	32,633
ALYSIA A. FINNEGAN	48,878		

Direct all correspondence to: ☒ Customer Number **000210**

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
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ROBERT S.			LOWE		
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				Country	U.S.A.

☒ Additional inventors are being named on the 2 supplemental Additional Inventors(s) sheet(s) PTO/SB/02A attached hereto.


DECLARATION AND POWER OF ATTORNEY

ADDITIONAL INVENTOR(S) Supplemental Sheet

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
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DECLARATION AND POWER OF ATTORNEY

ADDITIONAL INVENTOR(S) Supplemental Sheet

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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Mailing Address							
City	Rahway	State		ZIP	07065-0907	Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
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City	Rahway	State	NJ	ZIP	07065-0907	Country	